Effective November 10, 1998 Control of the control														
ברים ברים	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE () OI			OTHER THAN R SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE	
> [8	ASIC FEE								· · · · · · ·	380.00	OR		760.00	
T	OTAL CLAIMS		47, minus 20=			- · W			X\$ 9=	144	OR	X\$18=		
:	DEPENDENT C			minus	3= •	E •			X39=	1	OR	V-70		
	IULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR			
) -	tf the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	RIS	OR	TOTAL		
									,			OTHER	THAN	
: -	(Column 1) (Column 2) (Column 3								SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMA AFT AMENO	INING TER		NUI PREV	MEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total		23_	Minus	4	12	-		XS Br		O)Pa	X\$18=		
A	Independent FIRST PRESI	* ENTATION	OF MI	Minus	PENDEN	2_	•	$\lfloor \rfloor$	X39=		OR	X78-		
H	1		101 184	JEIII GE DO	CHUCH	COUNT		ז י	+130=		OR	+260=		
	, ,				•			L	TOTAL	-		TOTAL		
Z	// og / (Signa 1) (Column 2) (Column 3)								ODIT. FEE		J	addit. Fee		
AENT B		CLAI REMAI AFTI AMEND	NING ER	·	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	• 02	3	Minus	**	42	ٔ / ي		X\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	NTATION		Minus	***	<u>'S</u>	=		X39=	1.	OR	X78= /		
一	TINOT PRESE	OP MO	LIPLE DE		+130=		OR	+260=						
			L	TOYAL			TOTAL							
L		(Colum			(Colu	mn 2)	(Column 3)	~		Ţ.	. ,	-UIL PEEL		
AMENDMENT C	·	CLAII REMAII AFTE AMENDI	NING R	·	HIGH NUM PREVIO PAID	EST BEA DUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•		Minus	**			Γ	X\$ 9=		OR	X\$18=	100	
AM	Independent	•	1	Minus	***		•		X39=			X78=		
H	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								,		OR	^/8=		
١.,	I the entry in colu	Ŀ	+130=		OR	+260=								
-	t the "Highest Mur If the "Highest Mu	mber Previo mber Previo	xusiy Pai ousiy Pai	TOTAL DIT. FEE		OR A	TOTAL ODIT. FEE							
	The "Highest Num	ber Previou	Jsly Paid	For (Total or	Independe •	ent) is the f	highest number	toune	in the app	ropriate box	in cotu	ന്ന 1.		
FORM	PTO-875	U.S. (3overnment	Printing Office: 1	999 459-0	72719142		Pateni	and Tradem	ark Office 115	O E PA	ATMENT OF	COMMERCE	

Application or Docket Number